

Died at *Julia A. Bradley*
 Town *New Market Spring* County *Wichman* MARYLAND
 Date 19*05* Month *Jan* Day *31* Y. *60* M. *6* D. *Med.* Native of *Med.* Occupation *house work*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's Name *Wm. H. Bradley* Mother's Maiden Name *Phillis Kasper*
 Cause of Death { Primary *chronic debility* Immediate *Paralysis* } How long sick *6 months*
 Accident, Suicide, Homicide

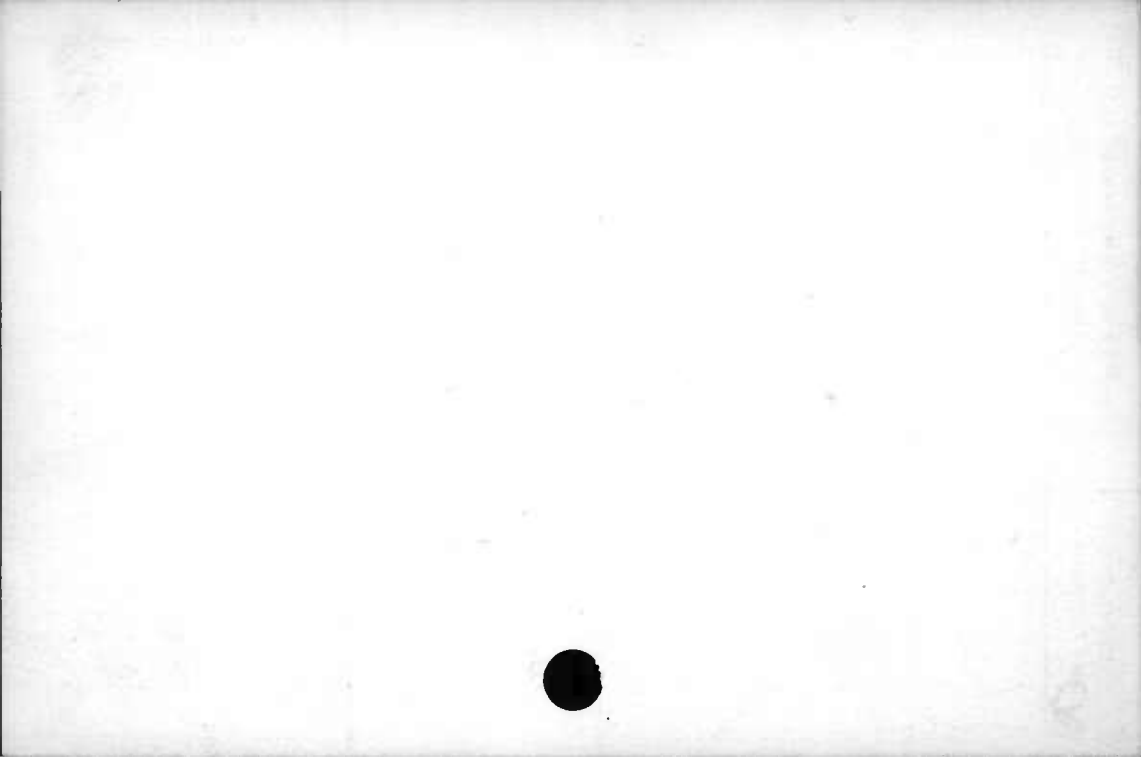
Reported by

Address

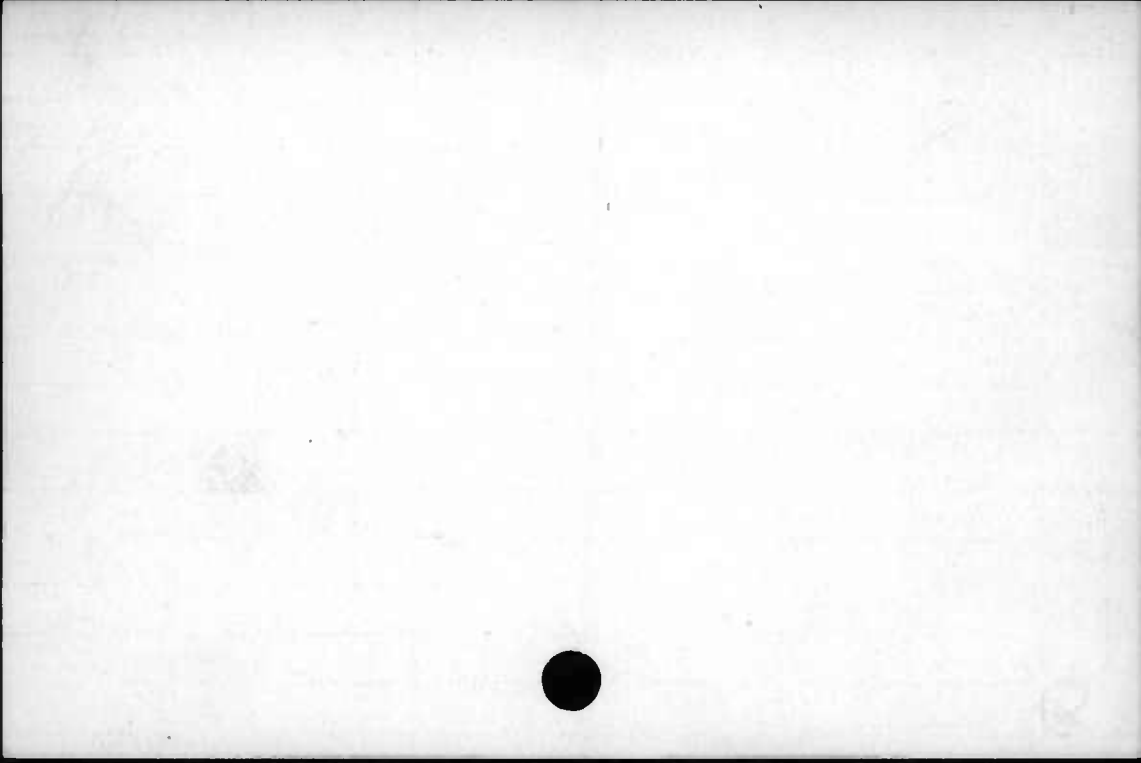
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Female Child of Harvey Christopher | | | | | | CERTIFICATE OF DEATH | |
|----------------------------------------------------------------------|-----------------------------------------|------------------------------------|--------------------|--|-------------------------|------------------------|-------------------------|----------------------|----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Near Fruitland | | Thomson | | MARYLAND | | |
| | Date of death | | 1905 | | Month Jan. | | Day 23 | | |
| | Age | | Years | | Months 10 | | Days | | |
| | Sex | | Female | | Color or Race | | Colored | | |
| | Occupation | | None | | Birth-place | | Near Fruitland | | |
| | Where Residing if not at place of death | | | | | | | | |
| | Married, Single or Widowed | | Single | | Name of Wife or Husband | | | | |
| PHYSICIAN OR CORONER | Father's Name | | Harvey Christopher | | | | Father's Birthplace | | Near Fruitland |
| | Mother's Maiden Name | | Martha Harman | | | | Mother's Birthplace | | Near Snow Hill |
| | Name of person giving information | | Frank H Jones | | | | How related to deceased | | None |
| | CAUSES OF DEATH | | | | | | | | |
| | Primary | | Hydrocephalus | | | | How long | | Since birth |
| Immediate | | Convulsions | | | | How long | | Few days | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | | | Signature of Physician | | J. M. Smith | |
| Address | | Salisbury, Md. | | | | Accident or Suicide? | | No | |



| | | | | | | | | | |
|-------------------------------------|--|----------------------------------------------------------------------|------------|-------------------------|-----------------------------------------|----------------------|---------------|----------------|-----|
| Name in Full | | Myra Eversman | | | | CERTIFICATE OF DEATH | | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Salisbury | | County | | | |
| | | | | Wicomico | | MARYLAND | | | |
| | | Date of death | 1905 | Month | January | Day | 8 | Years | 20 |
| | | | | Months | 3 | Days | 6 | | |
| | | Sex | Female | | Color or Race | White | | Birth-place | Md. |
| | | Occupation | Typewriter | | Where Residing if not at place of death | | Salisbury Md. | | |
| | | Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| PHYSICIAN OR CORONER | | Father's Name | | | | James H. Eversman | | | |
| | | Mother's Maiden Name | | | | Eliza A. Lloyd | | | |
| | | Name of person giving information | | | | B. Frank Kennedy | | | |
| | | Father's Birthplace | | | | Wicomico Md | | | |
| | | | | Mother's Birthplace | | | | Wicomico Md | |
| | | | | How related to deceased | | | | Brother in law | |
| CAUSES OF DEATH | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | Tuberculosis | | | |
| | | Immediate | | | | Inanition | | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | | | Yes | | | |
| | | Signature of Physician | | | | J. M. Simmons | | | |
| | | Address | | | | Salisbury Md. | | | |
| | | Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John M. Farlow
 Died at *near Zion church* Town *Wicomico* County
 Date of death *1905 Jan. 30* Month *Jan.* Day *30* Age *55* Years Months Days

Sex *Male* Color or Race *White* Birth-place *near Pittsville Md.*
 Occupation *Farmer* Where Residing if not at place of death *at home*
 Married, Single or Widowed *Married* Name of Wife or Husband *Louey Farlow*
 Father's Name *George R. Farlow* Father's Birthplace *Maryland*
 Mother's Maiden Name *Parker* Mother's Birthplace *"*
 Name of person giving information *Henry L. Farlow* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

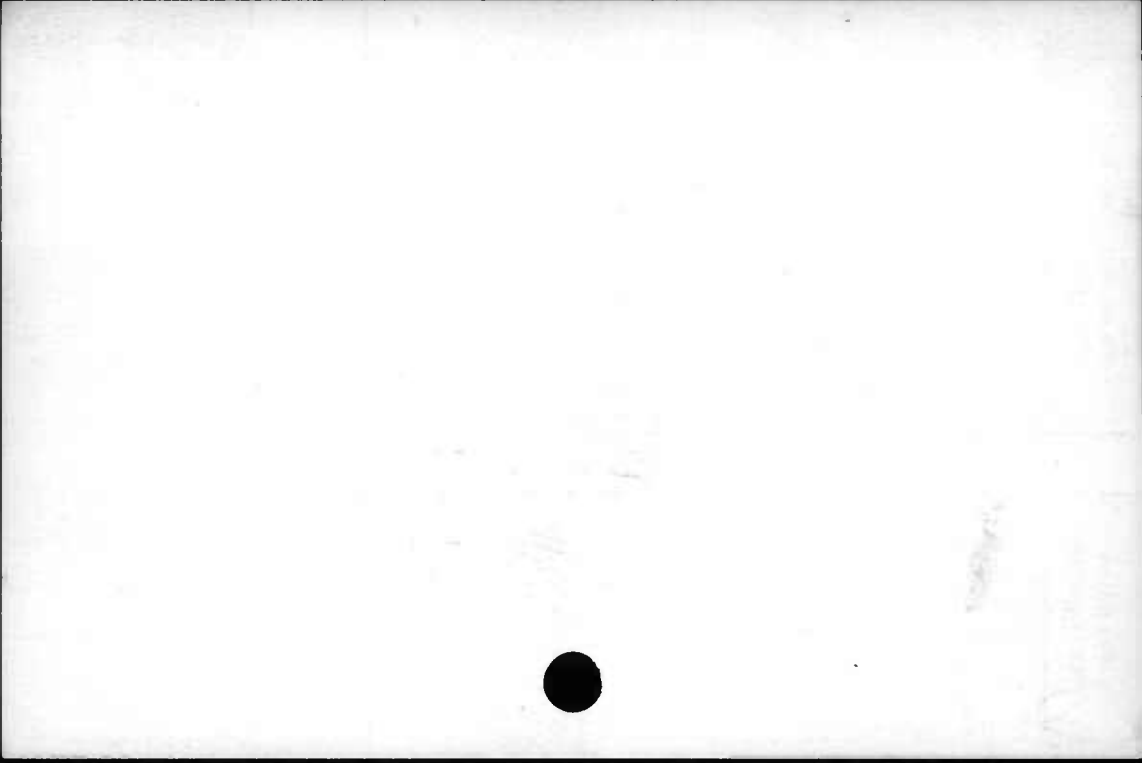
Primary *Bright's Disease* How long *Don't know*
 Immediate *Cardiac Insuf. & failure* How long *died suddenly*
 Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of
Physician

Address

Louis W. Morris M.D.
Bethesda Md.

Accident or Suicide?



Name
in
Full

Elsie Gordy

CERTIFICATE OF DEATH

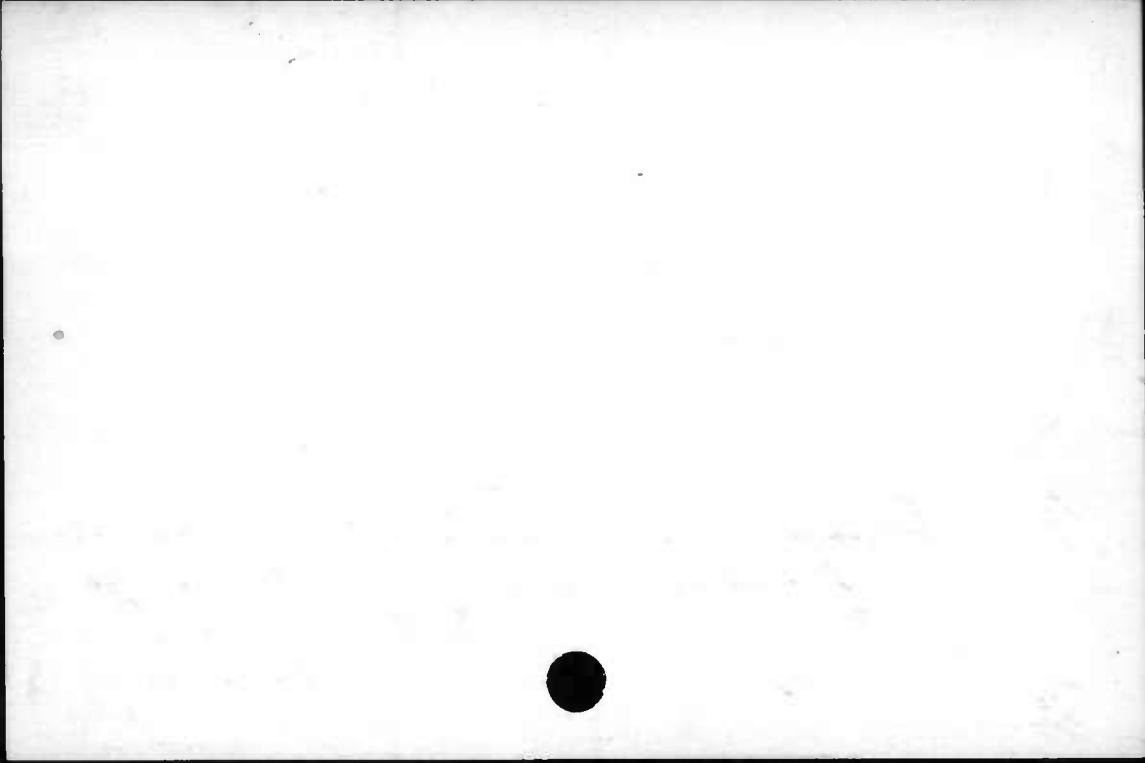
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------|------------------------------------------|------------------------------------------------------------|--------------------------------|--------|------|
| Died at <u>Quantico</u> | | Town <u>Wicomico</u> | | County | |
| Date of death <u>1905</u> | Month <u>Jan</u> | Day <u>20</u> | Years <u>20</u> | Months | Days |
| Sex <u>Female</u> | Color or Race <u>White</u> | | Birth-place <u>Quantico Md</u> | | |
| Occupation <u>None</u> | | Where Residing if not at place of death <u>Quantico Md</u> | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>None</u> | | | | |
| Father's Name <u>Alison Gordy</u> | Father's Birthplace <u>near Quantico</u> | | | | |
| Mother's Maiden Name <u>Alena Knowles</u> | Mother's Birthplace <u>Green Hill</u> | | | | |
| Name of person giving information <u>A. W. Gordy</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|-------------------------------------------------|
| Primary <u>Cold</u> | How long |
| Immediate <u>Pulmonary Consumption</u> | How long <u>1 1/2 years</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. H. H. Dashiell</u> |
| | Address <u>Quantico Md</u> |
| Accident or Suicide? <u>2</u> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Sallie A Hastings* Town *Delistown* County *Wicomico*

Died at *Delistown*

Date of death *1906* Jan *23* Day *75* Years *7* Months *20* Days

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *Housework* Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of ~~Wife~~ Husband *Peter Hastings*

Father's Name *John Baker* Father's Birthplace *Del*

Mother's Maiden Name *Elisabeth Lutz* Mother's Birthplace *Del*

Name of person giving information *Peter Hastings* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Grippe* How long *2 or 3 weeks*

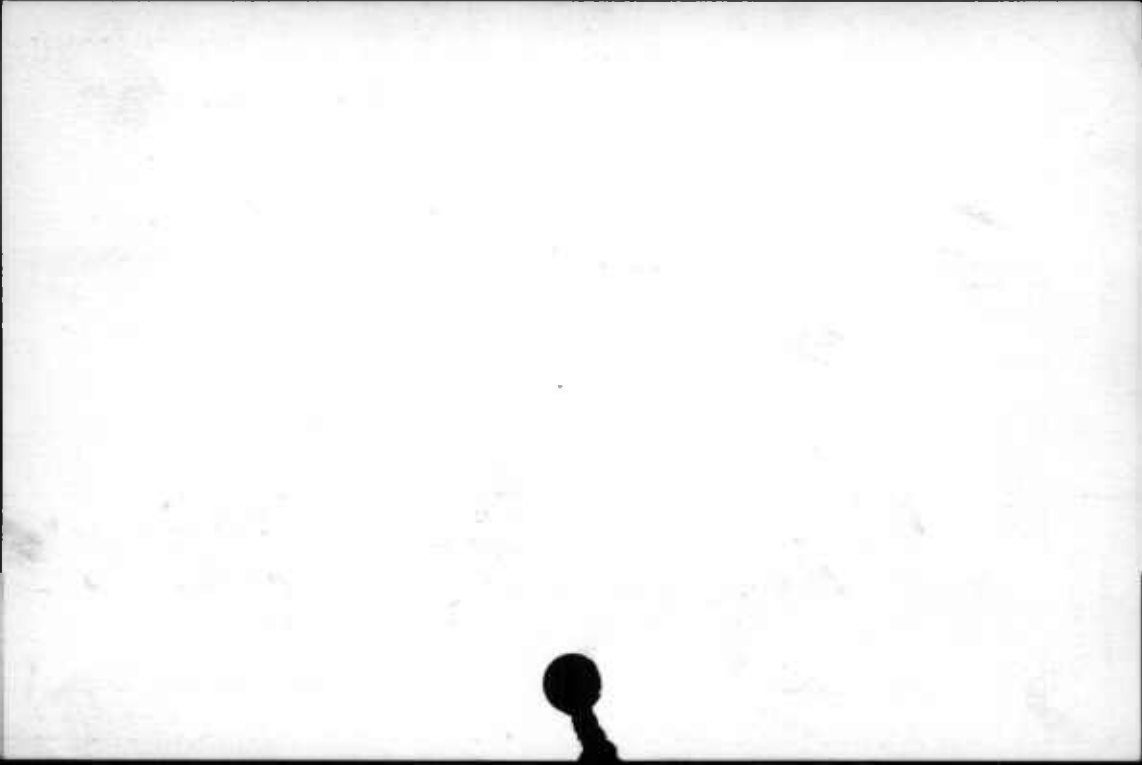
Immediate *Heart failure* How long *few hours*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *F. H. Summers*

Address *Delistown, Md*

Accident or Suicide? ☒



Name
In
Full

CERTIFICATE OF DEATH

Sandy Horsey

Town

County

MARYLAND

Died at *Near Quantico**Wicomico*

Date

Month

Day

Years

Months

Days

of death *1905**Jan**2nd*

Age

2

Sex

Male

Color or

Race

Black

Birth-

place

Quantico

Occupation

None

Where Residing if not

at place of death

*Quantico*Married, Single
or Widowed*Single*Name of Wife or
Husband*None*Father's
Name*Granville Horsey*Father's
Birthplace*Near
Quantico*Mother's
Maiden Name*Mary Gale*Mother's
Birthplace*Near
Quantico*Name of person giving
In formation*Sandy Horsey*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Infantile

How long

Immediate

Dehiliat

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm H. H. Dashiice*

Address

*Quantico**Med*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

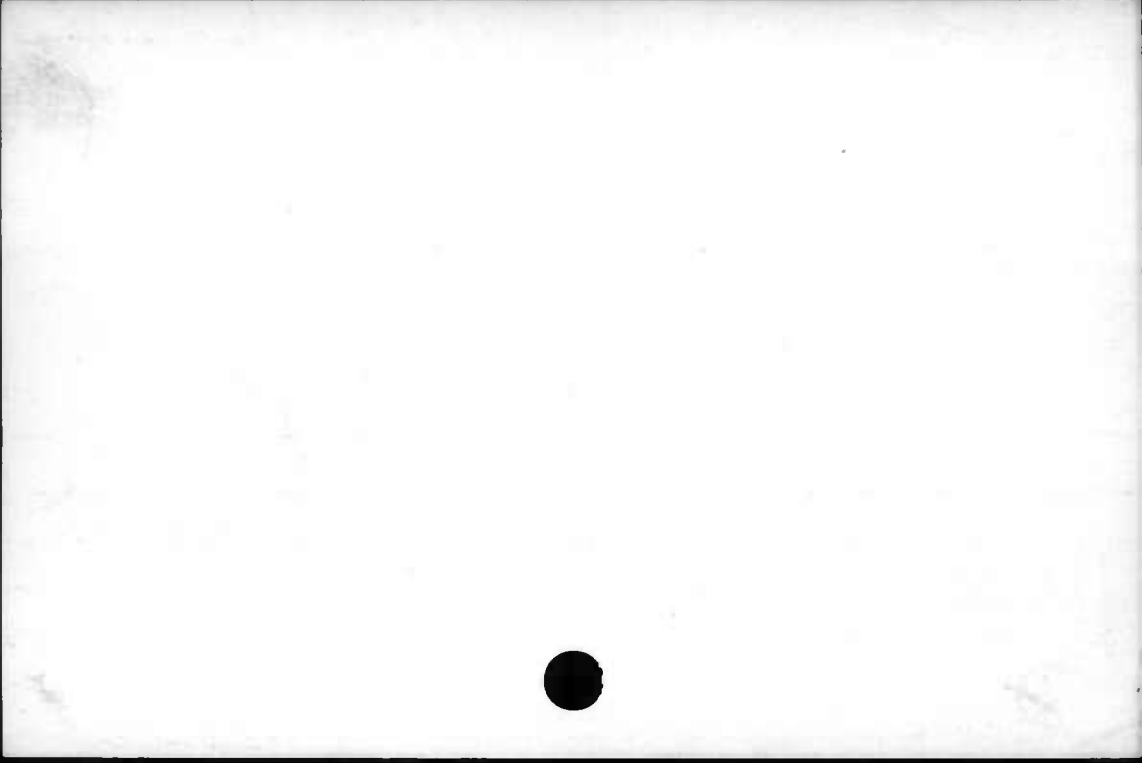
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---------------------------------------------------------|--|-----------------------------------------|--|------------------------|--|
| Name of deceased George Johnson | | Town Winters Dist | | County Wicomico | |
| Died at Winters Dist | | Month Jan | | Day 28 | |
| Date of death 1905 | | Age 72 | | Years 72 | |
| Sex Male | | Color or Race White | | Birth-place Md | |
| Occupation Farmer | | Where Residing If not at place of death | | | |
| Married Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name Turnell Johnson | | Father's Birthplace Md | | | |
| Mother's Maiden Name Ellen Shookley | | Mother's Birthplace Md | | | |
| Name of person giving information John E Johnson | | How related to deceased Nephew | | | |

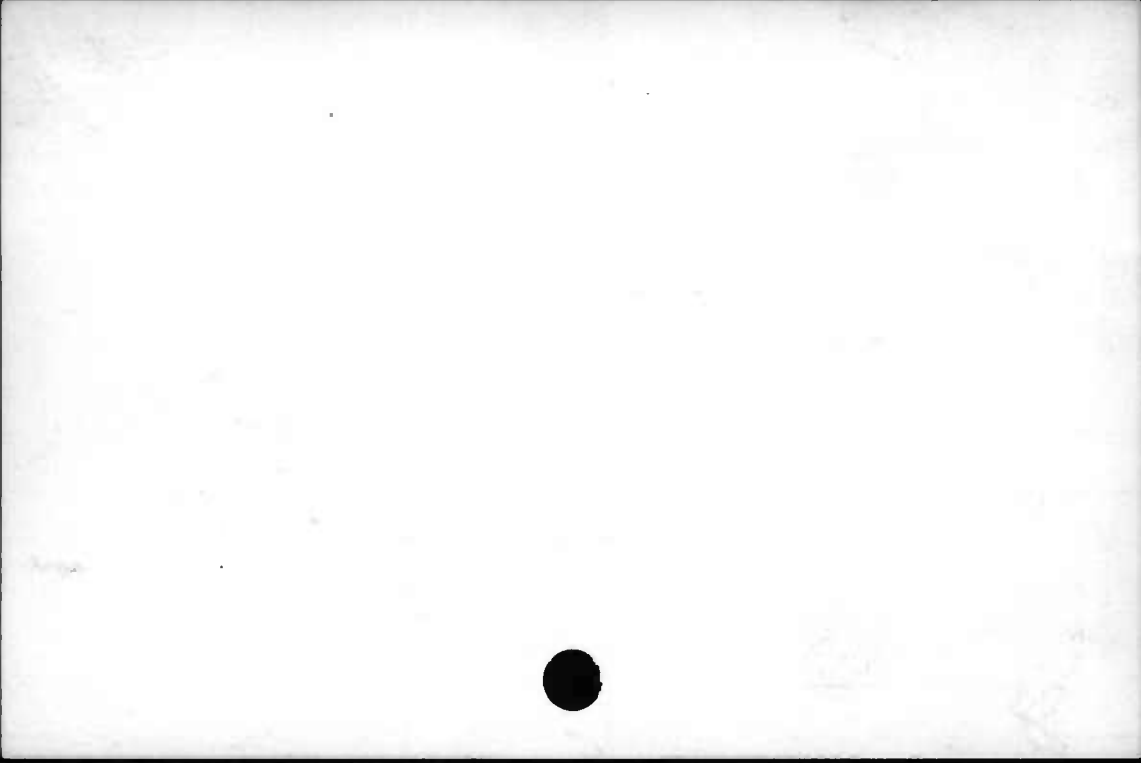
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|----------------------------------------------------------------------|------------------------------|--------------------------------------------------|---------------------|
| Primary | Grippe with Pneumonia | How long | 8 or 10 days |
| Immediate | Odorrhea of Lungs | How long | 1 or 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician E. L. Stearns M.D. | |
| | | Address Salisbury Md. | |
| Accident or Suicide? | | | |



| Name in Full | | Noah Parsons | | | | CERTIFICATE OF DEATH | | | | |
|-------------------------------------|----------------------------------------------------------------------|-------------------|-----------------|-------------------------|-----------------------------------------|----------------------|---------------------|--|-------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | near Salisbury | | Town | | Wicomico | | County | |
| | Date of death | | 1905 | | Jan | | 15 | | Day | |
| | Sex | | male | | Color or Race | | Black | | Birth-place | |
| | Occupation | | Farmer | | Where Residing if not at place of death | | | | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | | | | |
| | Father's Name | | Don't know | | Father's Birthplace | | | | | |
| | Mother's Maiden Name | | Don't know | | Mother's Birthplace | | | | | |
| Name of person giving information | | George E. Parsons | | How related to deceased | | Son | | | | |
| CAUSES OF DEATH | | | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Suppose Old age | | 184 | | How long | | 1 year | |
| | Immediate | | Do not know | | | | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | D. C. Holloway & Co | | | |
| | | | | | Address | | Salisbury Md | | | |
| | Accident or Suicide? | | no | | | | Undertaker | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------------------------------|--|---------------------------------------------------------------------------|--|-----------------------------------------|--|--------------------------------|--|
| Name <i>Wm. T. Phillips</i> | | Town <i>Hebron</i> | | County <i>Wicomico</i> | | MARYLAND | |
| Died at <i>Hebron</i> | | | | | | | |
| Date of death <i>1905- Jan.</i> | | Month | | Day <i>5th</i> Age <i>60</i> | | Years | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Wicomico Co. Md.</i> | | Months <i>7</i> Days <i>25</i> | |
| Occupation <i>Linman</i> | | Where Residing if not at place of death <i>At Hebron Wicomico Co. Md.</i> | | | | | |
| Married, Single <i>Married</i> | | Name of Wife or Husband <i>Mary E. Phillips</i> | | | | | |
| Father's Name <i>Alfred Phillips</i> | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Mary Bennett</i> | | Mother's Birthplace <i>Maryland</i> | | | | | |
| Name of person giving information <i>Mary E. Phillips</i> | | How related to deceased <i>Wife</i> | | | | | |

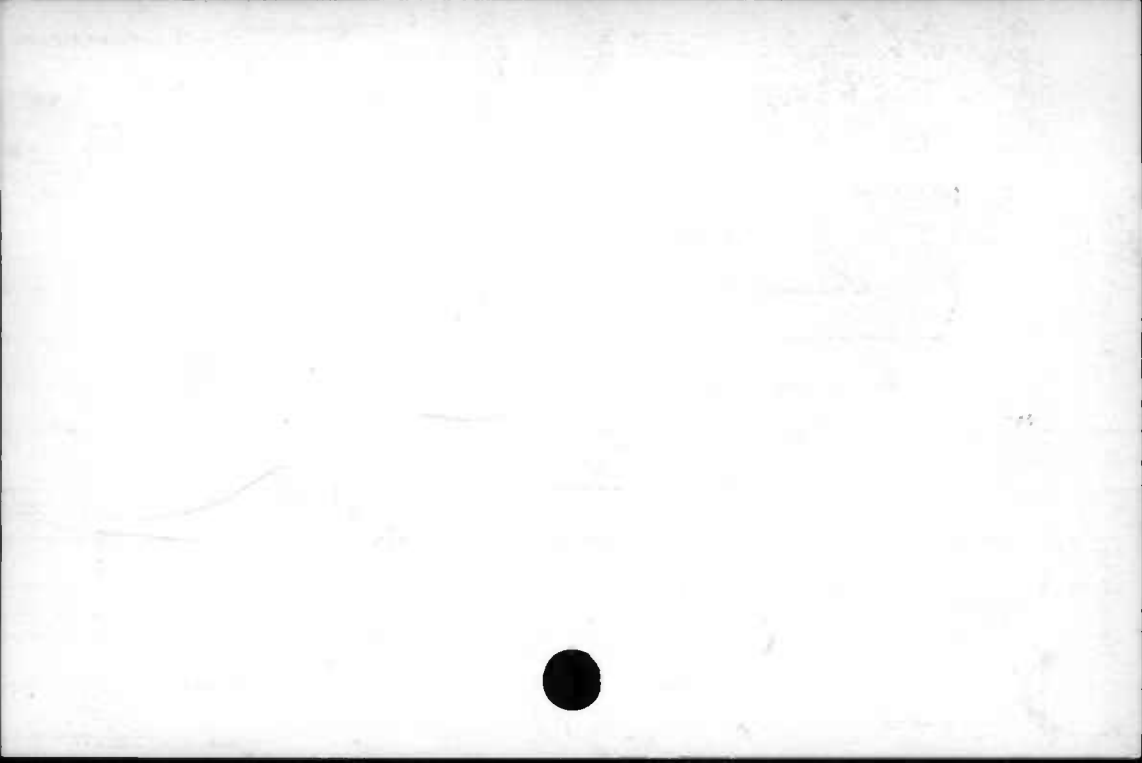
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|--------------------------------------------|
| Primary <i>Heart insufficiency</i> | How long <i>About 1 year</i> |
| Immediate <i>Syncope</i> | How long <i>Immediate</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. O'Neil</i> |
| <i>as I know</i> | Address <i>Salisbury, Md.</i> |
| Accident or Suicide? <i>No</i> | |



| Name in Full | | Elifiah R Rinkett | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|----------------------------------------------------------------------|-------------------|------------|-------------------------|-----------------------------------------|-------------------------|----------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town | | County | | MARYLAND |
| | Salsbury | | | | Wicomico | | |
| | Date of death | 1905 | Month | 8 | Day | 18 | Age |
| | Years | | 11 | | Months | | 10 |
| | Days | | 22 | | Sex | | male |
| | Color or Race | | Black | | Birth-place | | Md |
| | Occupation | | School boy | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name | | Thomas Rinkett | | | | Father's Birthplace | |
| Mother's Maiden Name | | Irene Cook | | | | Mother's Birthplace | |
| Name of person giving information | | Thomas Rinkett | | | | How related to deceased | |
| | | Father | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Drowned | | | | How long |
| | Immediate | | 11 | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | |
| | | | | | Address | | |
| | | | | | James H. Smith Delmar Md | | |
| Accident | | No | | | | | |



Name
in
Full

Walter J. Rinckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|--------------------------------|-------------------------------|
| Died at <u>Salisbury</u> <small>Town</small> | | <u>Wicomico</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1905</u> <small>Year</small> <u>Jan</u> <small>Month</small> <u>18</u> <small>Day</small> | | Age <u>14</u> <small>Years</small> | | <u>7</u> <small>Months</small> | <u>26</u> <small>Days</small> |
| Sex <u>male</u> | | Color or Race | | Birth-place <u>md</u> | |
| Occupation <u>School boy</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| Father's Name <u>Thomas Rinckett</u> | | Father's Birthplace <u>md</u> | | | |
| Mother's Maiden Name <u>Lula Guff</u> | | Mother's Birthplace <u>md</u> | | | |
| Name of person giving information <u>Thomas Rinckett</u> | | How related to deceased <u>Father</u> | | | |

CAUSES OF DEATH

Primary

Drowned

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

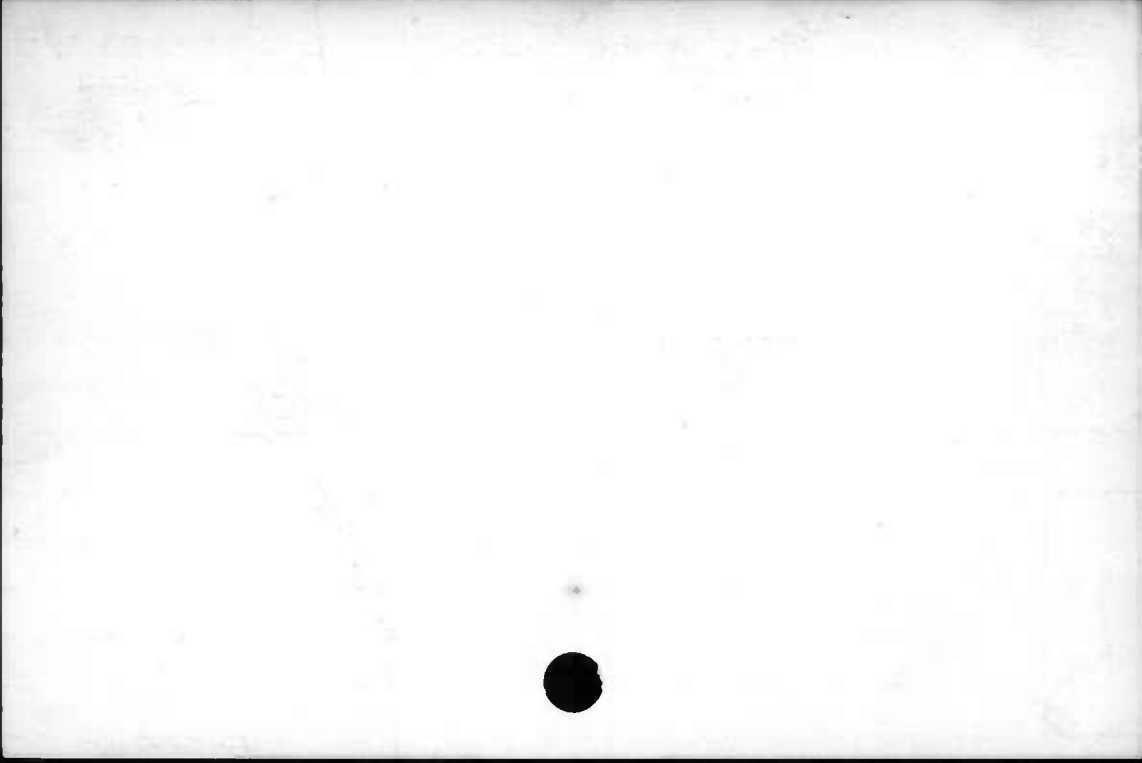
Address

James H. Frutt
Delmar
del

Accident or Suicide?



| | | | |
|---------------------------------------------------------------------------------|--|---------------------------------------------------------|--|
| Name in Full John W Ruark | | CERTIFICATE OF DEATH | |
| Died at ^{Town} near Salisbury | | ^{County} Wicomico | |
| Date of death 1905 Jan 11 | | Age 50 | |
| Sex male | | Color or Race White | |
| Occupation Farmer | | Birth-place Md | |
| Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband Sarah B Ruark | |
| Father's Name John Ruark | | Father's Birthplace Md | |
| Mother's Maiden Name Mary A Dykes | | Mother's Birthplace Md | |
| Name of person giving information Alonzo Dykes | | How related to deceased Cousin | |
| CAUSES OF DEATH | | | |
| Primary Leucemia of Kidney | | How long 1 yr or | |
| Immediate Exhaustion | | How long that day | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician [Signature] | |
| | | Address Salisbury, Md | |
| Accident or Suicide? | | | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|--------------------------------------------------------------------------|--|-----------------------------------------|---------|---------------------------|----------|
| Bertha A. Tilghman | | Town Salisbury | | County Wicomico | |
| Died at | | MARYLAND | | | |
| Date of death 1906 | | Month Jan. | Day 9th | Age 2 | Months 2 |
| Sex Female | | Color or Race White | | Birth place Baltimore Md. | |
| Occupation | | Where Residing If not at place of death | | At Salisbury Md. | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | |
| Father's Name Luther P. Tilghman | | Father's Birthplace Smyrna Del. | | | |
| Mother's Maiden Name Lillian H. Guthrie | | Mother's Birthplace Salisbury Md. | | | |
| Name of person giving information Luther P. Tilghman | | How related to deceased | | Father | |
| CAUSES OF DEATH | | | | | |
| Primary Tubercular Meningitis | | How long | | about 2 weeks | |
| Immediate Convulsions | | How long | | for two days | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician | | Geo. W. Todd | |
| | | Address | | Salisbury Md. | |
| Accident or Suicide? | | | | | |



Name
in
Full

Charlotte Townsend

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died

Mar Quantico

Wicomico

Date

Month

Day

Years

Months

Days

of death

1905 Jan

17

Age

25

Sex

Female

Color or
Race

Black

Birth-
place

Mar Quantico

Occupation

Labour

Where Residing if not
at place of death

Quantico

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Samuel Townsend

Father's
Birthplace

Princess Anne

Mother's
Maiden Name

Charlotte Hanks

Mother's
Birthplace

Quantico

Name of person giving
Information

W. H. H. Dashiell

How related
to deceased

None

CAUSES OF DEATH

Primary

Pulmonary Consumption

How long

Immediate

until death

How long

2 years

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. H. H. Dashiell

Address

Quantico Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

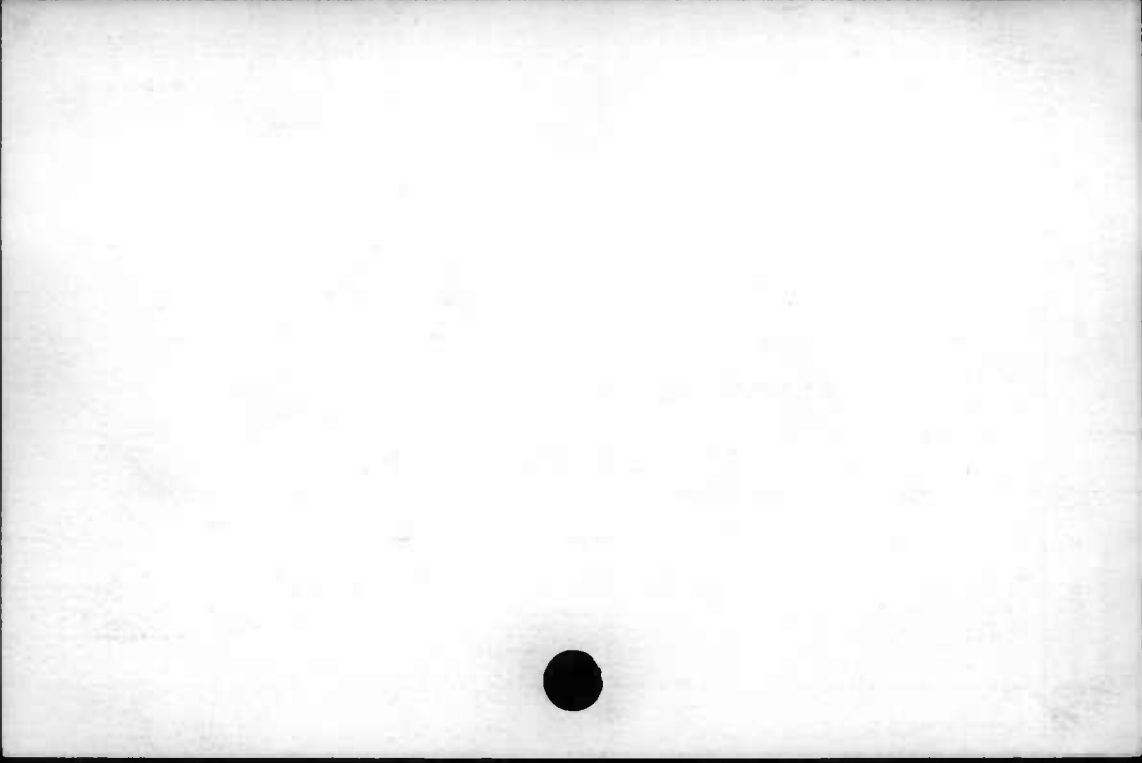
MARYLAND

| | | | | | |
|-----------------------------------------------------------|----------------------------|---------------------------------------------------|-----------------------------------------|------------------------|--------|
| Died at <i>Alton</i> | | Town <i>Alton</i> | | County <i>Wicomico</i> | |
| Date of death <i>1905</i> | Month <i>January</i> | Day <i>28</i> | Age <i>62</i> | Years | Months |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Cambridge</i> | | |
| Occupation <i>Seamstress</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Isaac, Jr., Turner</i> | | | |
| Father's Name <i>Lavinia Bothum</i> | | | Father's Birthplace | | |
| Mother's Maiden Name <i>Eleanor Bothum</i> | | | Mother's Birthplace | | |
| Name of person giving information <i>Mamie E. Hittelo</i> | | | How related to deceased <i>Niece</i> | | |

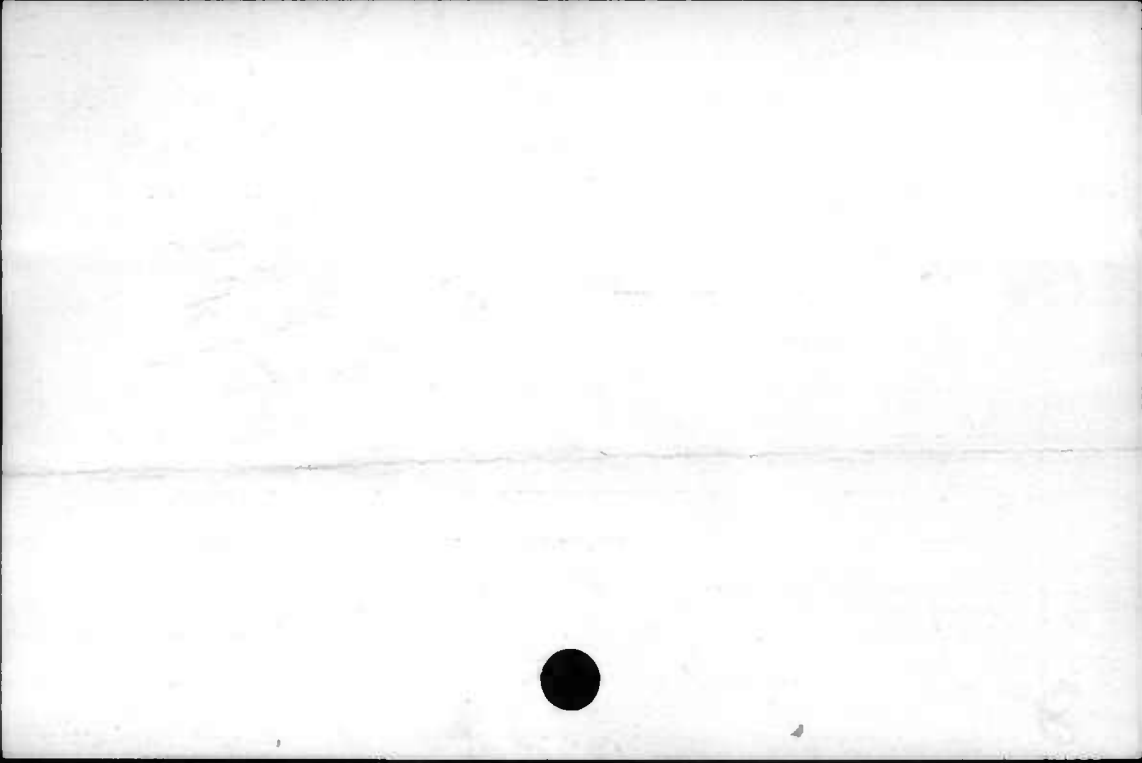
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---------------------------------------------------------------------------------|------------------------------------------|
| Primary <i>Grippe</i> | How long <i>10 days</i> |
| Immediate <i>Cardiac failure</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. T. Long</i> |
| | Address <i>Alton Md</i> |
| Accident or Suicide? | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|----------------------------------------------------------|--|---------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <u>Hebron</u> Town | | County <u>Wisconsin</u> | |
| | | Date of death <u>1905</u> Month <u>Jan</u> Day <u>30</u> | | Age <u>45</u> Years Months <u>—</u> Days <u>—</u> | |
| | | Sex <u>Male</u> | | Color or Race <u>white</u> | |
| | | Occupation <u>Farmer</u> | | Birth-place <u>Hebron</u> | |
| | | Where Residing if not at place of death <u>Hebron</u> | | | |
| | | Married, Single or Widowed <u>—</u> | | Name of Wife or Husband <u>—</u> | |
| | | Father's Name <u>Thomas Wallace</u> | | Father's Birthplace <u>Ivanhoe</u> | |
| Mother's Maiden Name <u>Ann Wallace</u> | | Mother's Birthplace <u>Ivanhoe</u> | | | |
| Name of person giving information <u>Isaac P. Winnow</u> | | How related to deceased <u>—</u> | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <u>Heart disease</u> | | How long <u>—</u> | |
| | | Immediate <u>Heart Failure</u> | | How long <u>—</u> | |
| | | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician <u>H. L. Connaway M.D.</u> | |
| | | Address <u>Hebron Ind.</u> | | | |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

Martha R. Whitlock

Town

County

MARYLAND

Died at

Pahokee

Mianco

Date

Month

Day

Years

Months

Days

of death

1905

January

Friday

Age

84

9

Sex

Female

Color or
Race

White

Birth-
place

Occupation

~~~~~

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Charles Whitlock

Father's  
Name

Lewis Davenport

Father's  
Birthplace

Lewis Del.

Mother's  
Maiden Name

Matilda March

Mother's  
Birthplace

Lewis "

Name of person giving  
In formation

Augusta Rider

How related  
to deceased

daughter

## CAUSES OF DEATH

Primary

Cardiac Disease

How long

Several Years

Immediate

Transition with heart failure several weeks

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

F. M. Stenous M. D.

Address

Pahokee

Md.

Accident or Suicide?

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TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

